

DECLARATION AND POWER OF ATTORNEY

As the below-listed inventor, I declare that:

1. The post office address and citizenship indicated below next to my name is correct.

2. I believe that I am the first, original and sole inventor of the invention NEW RECEPTOR, MONOCLONAL ANTIBODY, LIGAND PROTEIN AND METHODS FOR USE, described and claimed in the attached specification.

3. I have reviewed and understand the contents of the attached specification, including the claims.

4. As to the subject matter of this application, I do not know and do not believe that the same was ever known or used before my invention or discovery thereof or patented or described in any printed publication in any country before my invention thereof, or more than one year prior to the filing date of this application, or in public use or sale in the United States of America more than one year prior to the filing date of this application.

5. That I acknowledge my duty to disclose information which is material to the examination of a this application in accordance with 37 C.F.R. § 1.56(a).

6. Said subject matter has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than 12 months prior to this application; and that no applications for patent or inventor's certificate on this invention have been filed by me or my legal representatives or assigns in any country foreign to the United States of America.

The following attorneys and agent are hereby appointed to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Michael F. Brown,	Registration No. 29,619
Ralph R. Barnard,	Registration No. 18,497
Christopher A. Michaels,	Registration No. 34,390

It is hereby requested that all correspondence be directed to:

BARNARD & BROWN
200 East Buffalo Street - Suite 102A
Ithaca, New York 14850
Telephone number: (607) 273-1711

As the below-listed inventor, I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Inventor: Byoung S. Kwon

Date: 1/29/1993

Signature: *Byoung S. Kwon*

Residing at Carmel, Indiana, and a citizen of the United States

Post office address:

812 Mountain Ash
Carmel, Indiana 46033 *BSK*

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Applicant or Patentee: Byoung S. Kwon Attorney's
 Serial or Patent No.: _____ Docket No.: _____
 Filed or Issued: _____
 Title: NEW RECEPTOR, MONOCLONAL ANTIBODY, LIGAND PROTEIN AND METHODS FOR USE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
 (37 CFR 1.9(f) and 1.27(d) - NONPROFIT ORGANIZATION)

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION Indiana University Foundation
 ADDRESS OF ORGANIZATION Showalter House, Post Office Box 500
Bloomington, Indiana 47402

TYPE OF ORGANIZATION

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☒ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
 (NAME OF STATE _____)
 (CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3) IF LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
 (NAME OF STATE _____)
 (CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled NEW RECEPTOR, MONOCLONAL ANTIBODY, LIGAND PROTEIN AND METHODS FOR USE by inventor Byoung S. Kwon described in:

- ☒ the specification filed herewith
☐ application serial number _____, filed _____
☐ patent number _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). * NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities.

NAME Donald Guthrie Foundation for Medical Research, Inc.
 ADDRESS Guthrie Square, Sayre, PA 18840-1692

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☒ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, and patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Thomas M. McGlasson
Indiana University Foundation

ADDRESS OF PERSON SIGNING P.O.Box 500, Bloomington, IN 47402

SIGNATURE Thomas M. McGlasson DATE 1/26/93
 Vice President & General Counsel